

**HS Law Corp.**  
**Otavio Haverroth Silva, SBN#343486**  
**P.O. Box 90487**  
**San Diego, CA 92169**  
**(510) 241-9336**

**Non-Detained**

**UNITED STATES DEPARTMENT OF JUSTICE**  
**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**  
**IMMIGRATION COURT**  
100 Montgomery St., Suite 800  
San Francisco, CA 94104

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**In the Matter of** )  
 )  
**Luis Otavio Pinheiro Coelho** ) **File No. A. 245-928-989**  
 )  
**In Removal Proceedings** )  
 )  

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**Immigration Judge:** Seminerio, Frank A.

**Next Hearing Date:** April 23, 2026, at 10:30 AM

**RESPONDENT'S MOTION TO TERMINATE PROCEEDINGS**

**UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
100 Montgomery St., Suite 800  
San Francisco, CA 94104**

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<b>In the Matter of</b>	)	
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<b>Luis Otavio Pinheiro Coelho</b>	)	<b>File No. A. 245-928-989</b>
	)	
<b>In Removal Proceedings</b>	)	
	)	
	)	

**RESPONDENT’S MOTION TO TERMINATE PROCEEDINGS**

COMES NOW, the Respondent, Luis Otavio Pinheiro Coelho, through undersigned counsel, Otavio Haverroth Silva, and respectfully appears before this Court to request the termination of these removal proceedings.

Termination is warranted because Luis Otavio Pinheiro Coelho, a 15-year-old minor and the sole respondent in these removal proceedings, cannot meaningfully safeguard his rights in an adversarial setting, and the **continuation of such proceedings would therefore compromise their fundamental fairness and impose severe prejudice on the underage respondent.** Additionally, Respondent is **statutorily eligible for inclusion as a derivative applicant in a pending affirmative asylum application and therefore has a clear and viable path to relief.** Under these circumstances, termination conserves judicial and governmental resources and allows the family unit to pursue asylum together before the appropriate authorities.

Respondent was born on January 30, 2011, and is currently 15 years of age. *See* Exhibit 1. Respondent entered the United States together with his parents on March 24, 2024, at only 13 years old. Notwithstanding his tender age and incompetency, he was the only one placed in removal proceedings, unaccompanied by his parents. As a result, he now stands as the sole Respondent in these proceedings, facing the burdens of an adversarial judicial process despite lacking the legal capacity and maturity to independently defend his interests or meaningfully participate in his own case.

Maintaining these proceedings imposes an **undue and extraordinary burden on the child**, and threatens severe and unnecessary prejudice to both Respondent and the family unit. By contrast, termination would not impose any meaningful prejudice on DHS and would serve the interest of all parties.

In addition to this, **there exists a viable and ongoing administrative pathway** capable of resolving Respondent's protection claim in a unified manner through his mother's pending affirmative asylum application. **Proceeding with removal in parallel is inefficient, unnecessary, and contrary to the best interests of the child.**

Respondent's mother, Kavya Morganna Soares Pinheiro, has a pending affirmative asylum application (Form I-589) before USCIS (Receipt Number LGL2590085625). Respondent shares the same factual nucleus underlying the claim for protection, as a family marked as opponent to the established government and to the faction Comando Vermelho – the largest criminal organization in Brazil. The Form I-589 filed by Kavya Morganna with the San Francisco Asylum Office, along with the corresponding Receipt Notice, are attached herein as Exhibit 2.

Respondent **seeks inclusion as a derivative of his mother's affirmative asylum application.** He holds statutory eligibility for derivative status under 8 U.S.C. § 1158(b)(3)(A). However, because Respondent is currently in removal proceedings, he is procedurally barred from being granted derivative status by USCIS, since the Immigration Court maintains exclusive jurisdiction while proceedings remain pending. Accordingly, termination is necessary to remove this procedural impediment and to allow Respondent's protection claim to be adjudicated appropriately and consistently with that of his mother.

Unifying these protection claims under the same authority would **promote judicial efficiency and allow for a consistent resolution.** In contrast, proceeding separately would result in two materially identical applications being adjudicated by different authorities – one before USCIS and the other before the Immigration Court, duplicating the Department's efforts.

Furthermore, Respondent has been adapting to life in the United States, is currently enrolled in school and English has become a primary language to him. *See Exhibit 3.* Continuing removal proceedings against a child under these circumstances places an extraordinary psychological and emotional burden on him and heightens the risk of **outcomes fundamentally inconsistent with his welfare and with the preservation of the family unit.** An order of

removal would result in severe prejudice, including the likelihood of family separation from his parents, his primary caregivers and sole providers.

Respondent further notes that he poses **no threat to national security or public safety and is not a law-enforcement or removal priority**. Where a minor is already situated within a family unit and there exists a pending administrative mechanism capable of resolving the family's protection claim in a consolidated manner, **the interests of justice and judicial efficiency strongly favor termination**.

Immigration law and policy recognize that children are uniquely vulnerable and require heightened procedural safeguards, including consideration of their best interests and their limited capacity to navigate adversarial proceedings. Central among these protections is the best-interests-of-the-child principle, which, while not dispositive, serves as a critical guiding consideration in ensuring that procedural mechanisms do not expose children to unnecessary harm, delay, or instability. These principles are reflected in statutory and policy frameworks such as the Trafficking Victims Protection Reauthorization Act (TVPRA), which emphasizes child-appropriate procedures and safeguards; and the Child Status Protection Act (CSPA), which seeks to preserve family unity and mitigates age-related disadvantages in immigration processing. Under similar standards, the *J.O.P. v. U.S. Department of Homeland Security*, Case No. 8:19-cv-01944-SAG (D. Md.) settlement (the "JOP Settlement Agreement") affirmed distinct protection standards for children with asylum applications. It established that individuals determined to be "Unaccompanied Children" retain the right to have their asylum claims adjudicated on the merits by USCIS, notwithstanding ongoing removal proceedings, even where an Immigration Judge asserts exclusive jurisdiction over the claim or declines to postpone the immigration court proceedings while the application remains pending with USCIS. Although the Respondent does not fall within the class defined in that action, it serves to illustrate the heightened level of protection afforded to children with asylum claims and reinforces USCIS's jurisdiction to adjudicate such matters.

In this context, requiring the Respondent – a child – to proceed in removal proceedings while a parallel protection claim involving the same factual nucleus is adjudicated administratively undermines these safeguards. Termination, by contrast, **promotes family unity, minimizes the risk of inconsistent outcomes, and ensures that the child's protection claim is adjudicated in a manner consistent with the heightened protective framework applicable to children in immigration proceedings**.

The Immigration Judge holds the authority to resolve or dispose of a case through an order of termination upon the motion of a party, in the exercise of discretion. **8 C.F.R. § 1003.18(d)(1)(ii)**. According to this provision, the Immigration Judge may terminate removal proceedings when the alien is prima facie eligible for relief from removal and lawful status (such as a derivative asylee status), and when necessary or appropriate for the disposition or alternative resolution of the case (such as to allow for affirmative action before USCIS and for protection of the child and family unit).

This regulation is substantiated on the Attorney General's ruling in *Matter of Coronado Acevedo*, 28 I&N Dec. 648 (A.G. 2022), which concluded that **discretionary dismissal or termination of removal proceedings is appropriate when “necessary for the respondent to be eligible to seek immigration relief before United States Citizenship and Immigration Services”**. In the present case, maintenance of removal proceedings imposes a disproportionate burden on the Respondent, with severe immigration consequences, given he will not be able to obtain asylee status upon granting of his mother's application, despite being otherwise eligible to do so. **Termination, thus, is strictly necessary to allow for the Respondent to pursue lawful status before USCIS.**

In light of the foregoing, Respondent respectfully submits that termination of these proceedings serves the interests of the parties and the proper administration of justice because:

1. The Respondent is a minor alone in removal proceedings, lacking the legal capacity and autonomy to navigate adversarial proceedings. Considering the child's tender age and the absence of proper parental representation in removal proceedings, the Respondent faces an extreme and disproportionate burden that compromises the fundamental fairness of the proceedings;
2. Respondent's mother has a pending asylum application with USCIS, and Respondent is statutorily eligible for derivative status. However, Respondent's inclusion as a derivative is not feasible while removal proceedings remain active. Termination removes this procedural barrier and allows for a unified administrative posture before USCIS;
3. The Respondent and his mother entered the United States together and share the same factual basis for their claims of persecution. Consolidated adjudication of their cases would promote judicial economy, reduce the Court's caseload, avoid duplicative adjudication, and ensure a unified administrative resolution;

4. Termination would reduce the risk of family separation and avoid unnecessary litigation against a child where a viable administrative pathway exists;

5. Respondent does not represent a threat to public safety or national security and is not a priority for law enforcement or removal, favouring a positive exercise of the Court's discretion;

6. Termination serves the best interests of the child and prevents the severe prejudice that would result from continued removal proceedings and the potential issuance of an order of removal.

Finally, Respondent acknowledges his obligation to notify the Department of Homeland Security and the Immigration Court of any change of address pursuant to INA § 265 and 8 C.F.R. § 1003.15(d)(2).

WHEREFORE, we respectfully request that the Court **grant this motion to terminate the Respondent's proceedings with prejudice**, in the exercise of its discretionary authority. Alternatively, we move the Court to grant termination of these proceedings without prejudice.

Respectfully submitted,



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**Otavio Haverroth Silva (Bar  
N.343486)  
Attorney at Law  
P.O Box 90487  
San Diego, CA 92169**

# Exhibit list

Exhibits:

Pages:

## **Exhibit 1 - Proof of Identity and Age**

Luis Otavio Pinheiro Coelho's Birth Certificate 1-3

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## **Exhibit 2 - Proof of Affirmative Asylum Application**

Kavya Morganna Soares Pinheiro's Form I-589 4-5  
Receipt Notice

Copy of Kavya Morganna Soares Pinheiro's 6-17  
Application for Asylum (Form I-589) filed with USCIS

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## **Exhibit 3 - Proof of Community Ties**

Luis Otavio Pinheiro Coelho's Student Profile 2025- 18  
2026

Luis Otavio Pinheiro Coelho's Student Report 2025- 19  
2026

Luis Otavio Pinheiro Coelho's High School Transcript 20

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# **Exhibit 1 - Proof of Identity and Age**

09.606.485/0001-36

Registrar: Antonio Jesuino Neto

Avenida Bernardo Sayão, No. 652 B, Centro

ZIP Code 77.660.000

MIRANORTE - TOCANTINS

FEDERATIVE REPUBLIC OF BRAZIL

REGISTRY OFFICE OF NATURAL PERSONS - STATE OF TOCANTINS

Judiciary - Judicial District of Miranorte

CNPJ No. 00.147.330/0001-04

CIVIL REGISTRY OF NATURAL PERSONS

Antonio Jesuino Neto - Registrar

BIRTH CERTIFICATE

Name:

LUÍS OTÁVIO PINHEIRO COELHO.

Registration:

129262 01 55 2011 1 00021 106 0021034 71



Date of birth in full:

Day

Month

Year

JANUARY THIRTIETH, TWO THOUSAND ELEVEN.

30

01

2011

Time of birth: City of birth and state:

8:32 PM

PALMAS, State of TOCANTINS.

City of registration and state:

Place of birth:

Sex:

Miranorte - Tocantins

D. Regina Hospital

Male

Filiation:

ÉLBER SILVA COELHO and

KÁVYA MORGANNA SOARES PINHEIRO,

Brazilians, Miranorte/Tocantins, 09/05/1991, Paraíso/Tocantins, 06/07/1993, Administrative Assistant and Student. He resides at Avenida Alfredo Nasser, 800, Centro - Miranorte/Tocantins. She resides at Rua 07, 558, Miranorte/Tocantins.

Grandparents:

PATERNAL: DEJESÚS COELHO DE SOUZA and MARINETE DA SILVA LIMA.

MATERNAL: JOSÉ CARLOS PINHEIRO FARIAS and IMÉR ÂNGELA SOARES.

Twin:

Name and registration number of twins:

No

Date of registration in full:

Live birth registration number:

February Eighteenth, Two Thousand Eleven (02/18/2011).

30 52568770 1

Notes/Annotations:

In the present record, no Annotation/Notification is noted. Registration recorded under Entry 21,034, Pages 106, Book A - 021. 1st Copy.

VALID ONLY WITH THE AUTHENTICITY SEAL



Office Name: CIVIL REGISTRY OF NATURAL PERSONS

Registrar: ANTONIO JESUINO NETO

City/State: MIRANORTE - TOCANTINS, ZIP Code 77,660,000

Address: AVENIDA BERNARDO SAYÃO, No. 652 B, CENTRO.

The content of this certificate is true. I certify. Miranorte-Tocantins, February 18, 2011.

---//signature//---

Antonio Jesuino Neto Registrar

Signature of the Registrar

Avenida Bernardo Sayão, 652-B - Centro - ZIP Code: 77660-000 - Miranorte - TO - Phone: (63) 3335-2033 - Mobile: (63) 8419-1601 Email: antoniojesuioneto@yahoo.com.br

"If my people, who are called by my name, will humble themselves and pray and seek my face and turn from their wicked ways, then I will hear from heaven, forgive their sins and heal their land." 2 Chronicles 7:4

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



\_\_\_\_\_ Date: March 13, 2026.



0606.485/0001-36

REPÚBLICA FEDERAL DO BRASIL  
SERVENTIA REGISTRAL DE PESSOAS NATURAIS - ESTADO DO TOCANTINS  
Poder Judiciário - Comarca de Miranorte  
Bernardo Sayão nº 652 B Centro  
CNPJ nº 00.147.330/0001-04  
REGISTRO CIVIL DAS PESSOAS NATURAIS  
Antonio Jesuino Neto - Titular  
MIRANORTE TO  
CERTIDÃO DE NASCIMENTO



Nome:  
**LUÍS OTÁVIO PINHEIRO COELHO.**

Matrícula:  
**129262 01 55 2011 1 00021 106 0021034 71**

Data de nascimento por extenso: **TRINTA DE JANEIRO DE DOIS MIL E ONZE.** Dia: **30** Mês: **01** Ano: **2011**

Hora: **20:32:00** Município de nascimento e unidade de federação: **PALMAS, Estado do TOCANTINS.**

Município de registro e unidade de federação: **Miranorte - Tocantins** Local de nascimento: **Hospital D. Regina** Sexo: **Masculino**

Filiação:  
**ÉLBER SILVA COELHO e KÁVYA MORGANNA SOARES PINHEIRO,**  
Brasileiros, Miranorte/TO 05.09.91, Paraíso/TO 17.06.93, Aux. Administrativo e Estudante,  
residentes e d. Ele Av. Alfredo Nasser, 800, Centro - Miranorte/TO. Ela R. 07, 558, Miranorte/TO

Avós:  
PATERNOS: **DEJESÚS COELHO DE SOUZA e MARINETE DA SILVA LIMA.**  
MATERNOS: **JOSÉ CARLOS PINHEIRO FARIAS e IMÊR ÂNGELA SOARES.**

Gêmeo: **Não** Nome e matrícula do(s) gêmeo(s):

Data de registro por extenso: **Dezoito de Fevereiro de Dois Mil e Onze (18/02/2011).** Nº da declaração de nascido vivo: **30 52568770 1**

Observações averbações:  
**No presente termo não consta Averbação/Comunicação. Registro lavrado sob Termo 21.034, Fls. 106 Lv. A - 021. 1ª Via.**



Nome do escritório: **REGISTRO CIVIL DAS PESSOAS NATURAS.**  
Oficial registrador: **ANTONIO JESUINO NETO**  
Município/UF: **MIRANORTE - TO 77.660.000**  
Endereço: **AV. BERNARDO SAYÃO, Nº 652 B, CENTRO.**

O conteúdo da certidão é verdadeiro. Dou fé  
Miranorte - TO, 18 de Fevereiro de 2011.

*Antonio Jesuino Neto*  
Oficial

Avenida Bernardo Sayão, 652-B - Centro - CEP:77660-000 - Miranorte - To - Fone: (63) 3355-2033 - Cel.:(63) 8419-1601  
E-mail:antoniojesuinoneto@yahoo.com.br

"Se meu povo, que se chama pelo meu nome, se humilha, e orar, e me buscar, e se converter dos seus maus caminhos, então, eu ouvirei dos céus, perdoarei o seus pecados e sararei a sua terra." II Cro.7:4

VÁLIDO EM TODO TERRITÓRIO NACIONAL, QUALQUER ADULTERAÇÃO OU EMENDA INVALIDA ESTE DOCUMENTO.

# **Exhibit 2 - Proof of Affirmative Asylum Application**

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

NOTICE TYPE <b>Receipt</b>		NOTICE DATE <b>February 19, 2025</b>
CASE TYPE <b>I-589, Application for Asylum and for Withholding of Removal</b>		USCIS ALIEN NUMBER <b>A240379018</b>
RECEIPT NUMBER <b>LGL2590085625</b>	RECEIVED DATE <b>January 30, 2025</b>	PAGE <b>1 of 1</b>
		DATE OF BIRTH <b>June 17, 1993</b>

KAVYA MORGANNA SOARES PINHEIRO  
C/O OTAVIO HAVERROTH SILVA  
P.O. BOX 90487  
SAN DIEGO, CA 92169

3 00001010

**PAYMENT INFORMATION:**

**Application/Petition Fee:** \$0.00  
**Total Amount Received:** \$0.00  
**Total Balance Due:** \$0.00



**NAME AND MAILING ADDRESS**

We have received your form and are currently processing the above case for the following applicants:

Name	Date of Birth	Country of Birth	Class (If Applicable)
SOARES PINHEIRO, KAVYA MORGANNA	6/17/1993	BRAZIL	
CAVALCANTI BARROS JUNIOR, ALEXSANDRO	12/11/1997	BRAZIL	

**This is an acknowledgment your Form I-589 has been forwarded to USCIS, and it is not your Form I-589 Receipt Notice. You will receive a Receipt Notice once USCIS has conducted intake processing of your complete and properly filed application. If you indicated that you would like to include a dependent spouse or child(ren) in your application, but their names are not listed above, we were not able to add your dependent(s) to your application because they either 1) did not meet the requirements to be included as a dependent; or 2) you included more than six (6) children. If you included more than 6 children on your application, your Form I-589 Receipt Notice will indicate all eligible dependents after USCIS completes intake processing of your application. For more information on requirements for dependents, please visit [uscis.gov/i-589](http://uscis.gov/i-589).**

If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment. We will also provide a receipt number for each co-applicant with their application support center (ASC) appointment notice.

If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at [uscis.gov/contactcenter](http://uscis.gov/contactcenter) to connect with a live USCIS representative in English or Spanish.

**USCIS Office Address:**

USCIS  
Asylum Vetting Center  
P. O. Box 57100  
Atlanta, GA 30308-0506

**USCIS Contact Center Number:**

(800)375-5283



If you are visiting a field office and need directions, including public transportation directions, please see [www.uscis.gov/fieldoffices](http://www.uscis.gov/fieldoffices) for more information.

## Notice for Customers with Disabilities

To request a disability accommodation:

- Go to [uscis.gov/accommodations](http://uscis.gov/accommodations) to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit [uscis.gov/accommodationsinfo](http://uscis.gov/accommodationsinfo).



# Application for Asylum and for Withholding of Removal

**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-589**  
OMB No. 1615-0067  
Expires 09/30/2027

**START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.**

**NOTE:**  Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

<b>Part A.I. Information About You</b>			
<b>1. Alien Registration Number(s) (A-Number) (if any)</b> 240379018	<b>2. U.S. Social Security Number (if any)</b> N/A	<b>3. USCIS Online Account Number (if any)</b> N/A	
<b>4. Complete Last Name</b> SOARES PINHEIRO	<b>5. First Name</b> Kavya Morganna	<b>6. Middle Name</b> N/A	
<b>7. What other names have you used (include maiden name and aliases)?</b> N/A			
<b>8. Residence in the U.S. (where you physically reside)</b>			
Street Number and Name 355 Serrano Dr		Apt. Number 3B	
City San Francisco	State CA	Zip Code 94132	Telephone Number ( 415 ) 9647147
<b>(NOTE: You must be residing in the United States to submit this form.)</b>			
<b>9. Mailing Address in the U.S. (if different than the address in Item Number 8)</b>			
In Care Of (if applicable): Otavio Haverroth Silva		Telephone Number ( 510 ) 2419336	
Street Number and Name P.O. Box 90487		Apt. Number N/A	
City San Diego	State CA	Zip Code 92169	
<b>10. Gender:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<b>11. Marital Status:</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>12. Date of Birth (mm/dd/yyyy)</b> 06/17/1993	<b>13. City and Country of Birth</b> Paraiso do Tocantins, Brazil		
<b>14. Present Nationality (Citizenship)</b> Brazilian	<b>15. Nationality at Birth</b> Brazilian	<b>16. Race, Ethnic, or Tribal Group</b> Latina	<b>17. Religion</b> Catholic
<b>18. Check the box, a through c, that applies:</b> <b>a.</b> <input checked="" type="checkbox"/> I have never been in Immigration Court proceedings. <b>b.</b> <input type="checkbox"/> I am now in Immigration Court proceedings. <b>c.</b> <input type="checkbox"/> I am <b>not</b> now in Immigration Court proceedings, but I have been in the past.			
<b>19. Complete 19 a through c.</b>			
<b>a. When did you last leave your country? (mm/dd/yyyy)</b> <u>03/19/2024</u>		<b>b. What is your current I-94 Number, if any?</b> <u>N/A</u>	
<b>c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)</b>			
Date <u>03/24/2024</u>	Place <u>Tecate, California</u>	Status <u>E.W.I.</u>	Date Status Expires <u>N/A</u>
Date <u>N/A</u>	Place <u>N/A</u>	Status <u>N/A</u>	
Date <u>N/A</u>	Place <u>N/A</u>	Status <u>N/A</u>	
<b>20. What country issued your last passport or travel document?</b> Brazil	<b>21. Passport Number</b> <u>GG395266</u>		<b>22. Expiration Date (mm/dd/yyyy)</b> <u>03/08/2033</u>
	Travel Document Number <u>GG395266</u>		
<b>23. What is your native language (include dialect, if applicable)?</b> Portuguese	<b>24. Are you fluent in English?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>25. What other languages do you speak fluently?</b> N/A	

## Part A.II. Information About Your Spouse and Children

<b>For EOIR use only.</b>	<b>For USCIS use only.</b>	<b>Action:</b> Interview Date: _____ Asylum Officer ID No.: _____	<b>Decision:</b> Approval Date: _____ Denial Date: _____ Referral Date: _____
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**Your spouse**  I am not married. (Skip to **Your Children** below.)

<b>1. Alien Registration Number (A-Number) (if any)</b> N/A	<b>2. Passport/ID Card Number (if any)</b> FX858524	<b>3. Date of Birth (mm/dd/yyyy)</b> 12/11/1997	<b>4. U.S. Social Security Number (if any)</b> N/A
<b>5. Complete Last Name</b> CAVALCANTI BARROS JUNIOR	<b>6. First Name</b> Alexsandro	<b>7. Middle Name</b> N/A	<b>8. Other names used (include maiden name and aliases)</b> N/A
<b>9. Date of Marriage (mm/dd/yyyy)</b> 01/07/2025	<b>10. Place of Marriage</b> San Francisco, CA	<b>11. City and Country of Birth</b> Dianopolis, Brazil	
<b>12. Nationality (Citizenship)</b> Brazilian	<b>13. Race, Ethnic, or Tribal Group</b> Latino	<b>14. Gender</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
<b>15. Is this person in the U.S.?</b> <input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): N/A			
<b>16. Place of last entry into the U.S.</b> Las Vegas, NV	<b>17. Date of last entry into the U.S. (mm/dd/yyyy)</b> 07/19/2021	<b>18. I-94 Number (if any)</b> 632029247A2	<b>19. Status when last admitted (Visa type, if any)</b> B2
<b>20. What is your spouse's current status?</b> No Legal Status	<b>21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)</b> 01/18/2022	<b>22. Is your spouse in Immigration Court proceedings?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)</b> N/A
<b>24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Your Children.** List all of your children, regardless of age, location, or marital status.

I do not have any children. (Skip to Part A.III., Information about your background.)

I have children. Total number of children: 1

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

<b>1. Alien Registration Number (A-Number) (if any)</b> 245928989	<b>2. Passport/ID Card Number (if any)</b> GD238158	<b>3. Marital Status (Married, Single, Divorced, Widowed)</b> Single	<b>4. U.S. Social Security Number (if any)</b> N/A
<b>5. Complete Last Name</b> PINHEIRO COELHO	<b>6. First Name</b> Luis Otavio	<b>7. Middle Name</b> N/A	<b>8. Date of Birth (mm/dd/yyyy)</b> 01/30/2011
<b>9. City and Country of Birth</b> Palmas, Brazil	<b>10. Nationality (Citizenship)</b> Brazilian	<b>11. Race, Ethnic, or Tribal Group</b> Latino	<b>12. Gender</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
<b>13. Is this child in the U.S. ?</b> <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): N/A			
<b>14. Place of last entry into the U.S.</b> Tecate, California	<b>15. Date of last entry into the U.S. (mm/dd/yyyy)</b> 03/24/2024	<b>16. I-94 Number (If any)</b> N/A	<b>17. Status when last admitted (Visa type, if any)</b> E.W.I.
<b>18. What is your child's current status?</b> No legal status	<b>19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)</b> N/A	<b>20. Is your child in Immigration Court proceedings?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Part A.II. Information About Your Spouse and Children (continued)**

1. Alien Registration Number (A-Number) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth ( <i>mm/dd/yyyy</i> ) N/A
9. City and Country of Birth N/A	10. Nationality ( <i>Citizenship</i> ) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

13. Is this child in the U.S.?  Yes (*Complete Blocks 14 to 21.*)  No (*Specify location*): N/A

14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> ) N/A	16. I-94 Number ( <i>If any</i> ) N/A	17. Status when last admitted ( <i>Visa type, if any</i> ) N/A
--	---	--	---

18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

21. If in the U.S., is this child to be included in this application? (*Check the appropriate box.*)  
 Yes  
 No

1. Alien Registration Number (A-Number) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth ( <i>mm/dd/yyyy</i> ) N/A
9. City and Country of Birth N/A	10. Nationality ( <i>Citizenship</i> ) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

13. Is this child in the U.S.?  Yes (*Complete Blocks 14 to 21.*)  No (*Specify location*): N/A

14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> ) N/A	16. I-94 Number ( <i>If any</i> ) N/A	17. Status when last admitted ( <i>Visa type, if any</i> ) N/A
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18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

21. If in the U.S., is this child to be included in this application? (*Check the appropriate box.*)  
 Yes  
 No

1. Alien Registration Number (A-Number) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth ( <i>mm/dd/yyyy</i> ) N/A
9. City and Country of Birth N/A	10. Nationality ( <i>Citizenship</i> ) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

13. Is this child in the U.S.?  Yes (*Complete Blocks 14 to 21.*)  No (*Specify location*): N/A

14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> ) N/A	16. I-94 Number ( <i>If any</i> ) N/A	17. Status when last admitted ( <i>Visa type, if any</i> ) N/A
--	---	--	---

18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

21. If in the U.S., is this child to be included in this application? (*Check the appropriate box.*)  
 Yes  
 No

### Part A.III. Information About Your Background

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. *(List Address, City/Town, Department, Province, or State and Country.)*  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street <i>(Provide if available)</i>	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
406 Norte, Alameda 10, It 2	Palmas	Tocantins	Brazil	07/2022	03/2024
N/A	N/A	N/A	N/A	N/A	N/A

2. Provide the following information about your residences during the past 5 years. List your present address first.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
355 Serrano Dr, Apt. 3B	San Francisco	California	United States	03/2024	PRESENT
406 Norte Alameda 10, Lt.2	Palmas	Tocantins	Brazil	07/2022	03/2024
405 Sul Alameda, LO 09	Palmas	Tocantins	Brazil	01/2019	07/2022
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

3. Provide the following information about your education, beginning with the most recent school that you attended.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
SESC/TO	Technical Course	Quadra 201 Norte, Av. LO-04, Conjunto 3, Lotes 3, Palmas, Brazil	08/2023	03/2024
UFT/ UNIVERSIDADE FEDERAL DO TOCANTINS	Higher Education	Avenida NS-15, Quadra 109 - Alcno 14, Norte, s/n - bloco D, Palmas, Brazil	08/2018	12/2022
IFTO/ INSTITUTO FEDERAL DO TOCANTINS	Technical Course	Av. Joaquim Teotônio Segurado, Qd 202 sul, ACSU-SE 20, Cj 1, Lote 8, Palmas Brazil	08/2016	07/2018
CEM - Rui Brasil Cavalcante	High School	Av. Castelo Branco, 1914, Miranorte Brazil	01/2008	12/2010

4. Provide the following information about your employment during the past 5 years. List your present employment first.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)
Espaco Gylmaria Cavalcanti, Q. 105 Norte Alameda das Aroeiras, QC, 02 - lote 1-A , Palmas, Brazil	Hairdresser	05/2023	02/2024
Buffalo Gastrobar, Av. LO 3, Q. 108, Palmas, Brazil	Owner/ Partner	11/2022	01/2023
N/A	N/A	N/A	N/A

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.  
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
<i>Mother</i> Imer Angela Soares	Patos de Minas, Brazil	<input type="checkbox"/> Deceased Palmas, Brazil
<i>Father</i> Jose Carlos Pinheiro Farias	Miracema, Brazil	<input checked="" type="checkbox"/> Deceased N/A
<i>Sibling</i> Brunna Tayna Soares Pinheiro	Miranorte, Brazil	<input type="checkbox"/> Deceased San Francisco, United States
<i>Sibling</i> Osvaldo Nascimento Soares Neto	Natividade, Brazil	<input checked="" type="checkbox"/> Deceased N//A
<i>Sibling</i> N/A	N/A	<input type="checkbox"/> Deceased N/A
<i>Sibling</i> N/A	N/A	<input type="checkbox"/> Deceased N/A

## Part B. Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Race        | <input checked="" type="checkbox"/> Political opinion                       |
| <input type="checkbox"/> Religion    | <input checked="" type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input checked="" type="checkbox"/> Torture Convention                      |

- A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

- No  Yes

If "Yes," explain in detail:

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

I was persecuted for being the daughter of a military officer who politically opposed the local government. The Comando Vermelho, one of the largest criminal factions in the country, also began targeting my family, because of my father's profession. Even though we moved within the country, it did not prevent them from locating us and killing my father. After his death, my brother was kidnapped by the faction and has never been seen or found since. The police eventually found and killed my father's murderer, which only increased the persecution, as they threatened to go after every man in the family, which left me scared for my son's life. I will provide a complete declaration before my Individual Hearing.

- B. Do you fear harm or mistreatment if you return to your home country?

- No  Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

I fear harm or mistreatment if I return to my home country. My family and I have been targeted due to my father's political opposition to the local government and his role as a military officer. My father was murdered, and my brother was kidnapped and has never been found. Afterwards, they threatened to kill every man in the family, leaving me in fear for my son's life. Despite relocating within the country, the threats and persecution continued, demonstrating the criminal organization's extensive reach and influence. The police and government have proven unable to protect us. If I return, I am certain that my son and I will be at risk of severe harm, including physical violence, torture, or even death. I will provide a complete declaration before my Individual Hearing.

**Part B. Information About Your Application (continued)**

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

No  Yes

If "Yes," explain the circumstances and reasons for the action.

N/A

- 3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

No  Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

Yes, my father was a military police officer for many years until he was killed by his persecutors. He joined the Military Police of the State of Goias in 1985 and was transferred to the Military Police of the State of Tocantins in 1989. Within the corporation, he held the ranks of private, corporal, sergeant, warrant officer, second lieutenant and was promoted to the rank of first lieutenant in 2015, the same year he passed away.

- 3.B. Do you or your family members continue to participate in any way in these organizations or groups?

No  Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

My father is no longer a member of the Military Force, as he was murdered on October 29, 2015.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

No  Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

I am afraid of being subjected to torture in my home country. The Comando Vermelho, a powerful and violent criminal faction, has targeted me and my family because my father was a military officer and actively fought against the activities of the criminal organization. The faction operates throughout the country, and their influence and methods are brutal. The police have explicitly stated that they cannot protect us and warned us to stop searching for my brother due to the dangers involved. Given their ongoing threats and history of violence against my family, I fear I would be subjected to physical harm, torture, or even death if I were to return. I will provide a complete declaration before my Individual Hearing.

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**Part C. Additional Information About Your Application**

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

No  Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

My sister, Brunna Tayna Soares Pinheiro (A-Number 242-220-650), also applied for asylum due to the same circumstances that motivate my request, as the persecution was directed at the entire family. Her application is currently pending with USCIS, and she has not yet received a decision on her case.

- 2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

No  Yes

- 2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

No  Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

Yes, my family and I traveled to Mexico before entering the United States on March 24, 2024. We didn't stay in this country because it wasn't safe for us, and the protection offered was insufficient. We sought asylum in the United States to escape ongoing persecution and find a place where we can live without fear for our safety and well-being. I will provide a complete declaration before my Individual Hearing.

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

No  Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.

N/A

**Part C. Additional Information About Your Application (continued)**

4. After you left the country where you were harmed or fear harm, did you return to that country?

No  Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

N/A

5. Are you filing this application more than 1 year after your last arrival in the United States?

No  Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.

N/A

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States (including for an immigration law violation)?

No  Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

Yes, upon entering the United States through Tecate, California, on March 24, 2024, I was detained at the border by Immigration Officers. This action was driven by the urgent need to seek safety and refuge. The arrest occurred as part of the immigration process, and I did not commit any other crimes in the United States. My sole purpose in seeking entry was to escape severe threats and persecution in our home country, and we hope for your understanding and compassion in our pursuit of asylum and safety. I will provide a complete declaration before my Individual Hearing.



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**Part F. To Be Completed at Asylum Interview, if Applicable**

**NOTE:** You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are  all true or  not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Asylum Officer

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**Part G. To Be Completed at Removal Hearing, if Applicable**

**NOTE:** You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are  all true or  not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Immigration Judge



## Application for Asylum and for Withholding of Removal Supplement A

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-589**  
OMB No. 1615-0069  
Expires 09/30/2027

A-Number (If available) <b>240379018</b>	Date <b>01/27/2025</b>
Applicant's Name <b>Kavya Morganna Soares Pinheiro</b>	Applicant's Signature <i>Kavya Morganna Soares Pinheiro</i>

### List All of Your Children, Regardless of Age or Marital Status

(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

<b>1. Alien Registration Number (A-Number) (if any)</b> N/A	<b>2. Passport/ID Card Number (if any)</b> N/A	<b>3. Marital Status (Married, Single, Divorced, Widowed)</b> N/A	<b>4. U.S. Social Security Number (if any)</b> N/A
<b>5. Complete Last Name</b> N/A	<b>6. First Name</b> N/A	<b>7. Middle Name</b> N/A	<b>8. Date of Birth (mm/dd/yyyy)</b> N/A
<b>9. City and Country of Birth</b> N/A	<b>10. Nationality (Citizenship)</b> N/A	<b>11. Race, Ethnic, or Tribal Group</b> N/A	<b>12. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13. Is this child in the U.S.?</b> <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): <b>N/A</b>			
<b>14. Place of last entry into the U.S.</b> N/A	<b>15. Date of last entry into the U.S. (mm/dd/yyyy)</b> N/A	<b>16. I-94 Number (If any)</b> N/A	<b>17. Status when last admitted (Visa type, if any)</b> N/A
<b>18. What is your child's current status?</b> N/A	<b>19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)</b> N/A	<b>20. Is your child in Immigration Court proceedings?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>1. Alien Registration Number (A-Number) (if any)</b> N/A	<b>2. Passport/ID Card Number (if any)</b> N/A	<b>3. Marital Status (Married, Single, Divorced, Widowed)</b> N/A	<b>4. U.S. Social Security Number (if any)</b> N/A
<b>5. Complete Last Name</b> N/A	<b>6. First Name</b> N/A	<b>7. Middle Name</b> N/A	<b>8. Date of Birth (mm/dd/yyyy)</b> N/A
<b>9. City and Country of Birth</b> N/A	<b>10. Nationality (Citizenship)</b> N/A	<b>11. Race, Ethnic, or Tribal Group</b> N/A	<b>12. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13. Is this child in the U.S.?</b> <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): <b>N/A</b>			
<b>14. Place of last entry into the U.S.</b> N/A	<b>15. Date of last entry into the U.S. (mm/dd/yyyy)</b> N/A	<b>16. I-94 Number (If any)</b> N/A	<b>17. Status when last admitted (Visa type, if any)</b> N/A
<b>18. What is your child's current status?</b> N/A	<b>19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)</b> N/A	<b>20. Is your child in Immigration Court proceedings?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			



# Application for Asylum and for Withholding of Removal Supplement B

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-589  
OMB No. 1615-0069  
Expires 09/30/2027

## Additional Information About Your Claim to Asylum

A-Number (if available) 240379018	Date 01/27/2025
Applicant's Name Kavya Morganna Soares Pinheiro	Applicant's Signature <i>Kavya Morganna S. Pinheiro</i>

**NOTE:** Use this as a continuation page for any additional information requested. Copy and complete as needed.

Part A.III

Question 3

Colegio Estadual Nossa Senhora Da Providencia - Elementary School - R. 11, 635, Miranorte, Brazil (07/2006 - 12/2007);  
Escola Estadual Antonio Goncalves - Elementary School - Q. 1103 Sul Alameda 14, 66-204, Palmas, Brazil (01/2005-06/2006);  
Escola Estadual Sao Jose - Elementary School - Q. 1106 Sul Alameda 25, 0, Palmas, Brazil (01/2001- 12/2004);  
Escola Estadual Madre Belem - Elementary School - Q. 604 Sul Alameda 6, S/N, Palmas, Brazil (01/1998-12/2000).

# **Exhibit 3 - Proof of Comunity Ties**



# Balboa HS Student Profile

Year: 2025-2026  
Report: STU201

Pinheiro Coelho, Luis Otavio -- Homeroom: 300

### General Information

Student Name <b>Pinheiro Coelho, Luis Otavio</b>		Student No <b>999066078</b>	Gender <b>M</b>	Grade <b>9</b>	No Photo  Edupoint  On file
State ID <b>3594961271</b>	Last Name <b>Pinheiro Coelho</b>		Nick Name		
Birth Date <b>01/30/2011</b>	Birth City	Leave Date	Enter Date <b>08/18/2025</b>		
Phone	CALPADS Language <b>Portuguese</b>	Resolved Race/Ethnicity <b>White</b>			
Home Address <b>355 Serrano Dr Apt 3B San Francisco, CA 94132</b>			Mailing Address <b>355 Serrano Dr Apt 3B San Francisco, CA 94132</b>		
Bus Routes:					
AM Bus: _____					
PM Bus: _____					
AM K bus to home: _____					
PM K bus to school: _____ Day Care: _____					

### Custodial Information

Parent <b>Soares Pinheiro, Kavya Morganna</b>		Employer	<input checked="" type="checkbox"/> Lives With	<input checked="" type="checkbox"/> Contact Allowed	<input type="checkbox"/>
			<input type="checkbox"/> Has Custody	<input checked="" type="checkbox"/> Ed. Rights	<input type="checkbox"/> Release To
			<input type="checkbox"/> Enrolling Parent	<input type="checkbox"/> Financial Resp.	
Address: <b>355 Serrano Dr Apt 3B San Francisco, CA 94132</b>			E-Mail: <b>kavyaspineiro@gmail.com</b>		
Phone Type: <b>Other</b>	Phone: <b>650-619-2845</b>	Extension:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Contact Phone	<input type="checkbox"/> Not Listed
			<input checked="" type="checkbox"/> Accept Text		
Phone Type: <b>Mobile</b>	Phone: <b>415-964-7147</b>	Extension:	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Contact Phone	<input type="checkbox"/> Not Listed
			<input checked="" type="checkbox"/> Accept Text		
Guardian <b>Soares Pinheiro, Brunna Tayna</b>		Employer	<input checked="" type="checkbox"/> Lives With	<input checked="" type="checkbox"/> Contact Allowed	<input type="checkbox"/>
			<input type="checkbox"/> Has Custody	<input checked="" type="checkbox"/> Ed. Rights	<input type="checkbox"/> Release To
			<input checked="" type="checkbox"/> Enrolling Parent <input type="checkbox"/> Financial Resp.		
Address: <b>355 Serrano Dr Apt 3B San Francisco, CA 94132</b>			E-Mail: <b>brunnatayna@hotmail.com</b>		
Phone Type: <b>Home</b>	Phone: <b>650-888-5341</b>	Extension:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Contact Phone	<input type="checkbox"/> Not Listed
			<input checked="" type="checkbox"/> Accept Text		
Phone Type: <b>Mobile</b>	Phone: <b>650-619-2845</b>	Extension:	<input checked="" type="checkbox"/> Primary	<input checked="" type="checkbox"/> Contact Phone	<input type="checkbox"/> Not Listed
			<input checked="" type="checkbox"/> Accept Text		

### Health Conditions

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### IN CASE OF EMERGENCY: Names of persons who can assume temporary responsibility

\* = Release To Emergency Contact



# District Assessments: Student Results 2025-26



## Luis Otavio's Student Report

FOR THE FAMILY OF:  
LUIS OTAVIO PINHEIRO COELHO

STUDENT ID: 999066078  
SCHOOL: Balboa HS

DATE OF BIRTH: 1/30/2011  
GRADE: 09

### Interim Assessments: One Measure of Your Student's Progress

Star Assessments are SFUSD's interim assessments. Star Assessment results are one measure of progress towards end-of-year goals in Reading and Math. In addition to report cards and class assignments, Star Assessments help teachers better understand your child's strengths and opportunities for improvement. Families can partner with their child's teacher about how to better support learning at home.

#### Star Reading\* Provides information on your child's reading performance

Fall 2025

Achievement Level  
**1**  
Not Yet Approaching

Scaled Score: 886

Winter 2026

Achievement Level  
**1**  
Not Yet Approaching

Scaled Score: 962

Spring 2026

#### What do my child's scores mean?

There are four levels of scores for Star Reading and Star Math to indicate the extent to which students are meeting grade level expectations at the time the test was taken.

Current Achievement	Level
Exceeds	4
Meets	3
Approaching	2
Not Yet Approaching	1

#### Star Math\* Provides information on your child's math performance

Fall 2025

Achievement Level  
**1**  
Not Yet Approaching

Scaled Score: 1051

Winter 2026

Achievement Level  
**1**  
Not Yet Approaching


Scaled Score: 1002

Spring 2026

Scaled score ranges for each level will vary based on the time of year the test is taken. Therefore, students may need a higher score to stay in the same level as the previous assessment administration.

### \*Resources for Families

The [SFUSD District Assessments for Families website](http://www.sfusd.edu/districtassessments) ([www.sfusd.edu/districtassessments](http://www.sfusd.edu/districtassessments)) provides more information about each assessment, administration dates, achievement level descriptions, scaled score ranges, and other important information and family resources.

Student Name <b>Pinheiro Coelho, Luis Otavio</b>				<b>San Francisco High School Transcript</b>		Balboa HS 1000 Cayuga Ave San Francisco, CA 94112	
Perm ID <b>999066078</b>	State ID <b>3594961271</b>	Grd <b>9</b>	Gen <b>M</b>			Phone <b>415-469-4090</b>	Fax <b>415-469-0859</b>
Date Of Birth <b>01/30/2011</b>		Phone		San Francisco Unified School District		Counselor <b>Verdin, Mariana</b>	
Home Address <b>355 Serrano Dr Apt 3B San Francisco, CA 94132</b>							

Course Title	Mark	Cred Att/Cmp		
<b>Balboa HS</b>				
Yr: <b>2025</b>	Month: <b>12</b>	Grade: <b>9</b>		
CCSS Algebra 1	C	5.00 / 5.00		
ELD Expanding	B	5.00 / 5.00		
ELD Advanced W	B	5.00 / 5.00		
Ethnic Studies	B	5.00 / 5.00		
Health	B	5.00 / 5.00		
PE 1	A	5.00 / 5.00		
Prncpls NGSS Phys	B	5.00 / 5.00		
Cred Att: 35.00	Cred Cmp: 35.00	GPA: 3.00		
<b>Graduation Requirements - Credit Summary</b>				
Subject Area	Req'd	Comp	WIP	Needed
Ethnic Studies	10.00	5.00		5.00
Modern World	10.00	0.00		10.00
U. S. History	10.00	0.00		10.00
American Democracy	5.00	0.00		5.00
Economics	5.00	0.00		5.00
English	40.00	5.00		35.00*
Math	30.00	5.00		25.00
Core Science	20.00	5.00		15.00*
World Language	20.00	0.00		20.00*
Visual & Performing Art	10.00	0.00		10.00
PE	20.00	5.00		15.00
Health Education	5.00	5.00		
College to Career	5.00	0.00		5.00
Elective Course	40.00	5.00		35.00
<b>TOTALS</b>	<b>230.00</b>	<b>35.00</b>	<b>0.00</b>	<b>195.00</b>

<b>GPA SUMMARY</b>		<b>NOTES</b>		
<u>Unweighted</u>	<u>Weighted</u>			
Cumulative - Unweighted	<b>3.00</b>	Cumulative - Weighted	<b>3.00</b>	
		Enter Date <b>04/15/2024</b>	Leave Date	Graduation Date <b>Class of 2029</b>

**Proof of Service**

On this day, I, Otavio Haverroth Silva, served a copy of the following documents:

**RESPONDENT'S MOTION TO TERMINATE PROCEEDINGS**

To the following:

<b>Office Location:</b>	<b>Mailing Address:</b>
Office of the Principal Legal Advisor Department of Homeland Security 100 Montgomery Street, Suite 200 San Francisco, CA 94104	Office of the Principal Legal Advisor Department of Homeland Security Office of the Chief Counsel P.O. Box 26449 San Francisco, CA 94126-644

by:

- Through the EOIR Courts and Appeals System (ECAS), which will automatically send service notification to both parties that a new document has been filed.



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**Otavio Silva (Bar N. 343486)**  
**Attorney at Law**  
**P.O. Box 90487**  
**San Diego, CA 92169**  
*Counsel for Respondent*